


Entered - 07/14/00 - sb
CL00L0422 - DIANNE C. MITCHELL

CLAIM OF: **MICHAEL STARR MIDDLETON**
776 Magnolia Way
Apt. 208
Atlanta, Georgia 30314

01-*R*-0509

For damages alleged to have been sustained as a result of a personal injury due to stepping in to an open manhole on June 21, 2000 at 100 Edgewood Avenue.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0422

Date: March 15, 2001

Claimant /Victim MICHAEL STARR MIDDLETON

BY: (Atty)(Ins. Co.) _____

Address: 776 Magnolia Way, Apt. 208, Atlanta, Georgia 30314

Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ not stated

Date of Notice: 07/05/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 06/21/00 Place: 100 Edgewood Avenue

Department Public Works Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he was injured when he stepped into an open manhole in the sidewalk. However, the claimant has failed to provide information necessary to substantiate his claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 03-15-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 6-30-00

M. Mitchell
07/12/00
DM

Dear Municipal Clerk:

07-05-00 PM 7:20 14

ENTERED - 7-14-00 - SB
00L0422 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 06/21/00 (month/day/ year) 2. Time of Incident: 15:45 PM 3. Police called: Yes ☒ No
4. Location of incident (including street address): United Way building 100 Edgewood Ave Atlanta, GA 30303
5. Name of your insurance company: AETNA US Healthcare Policy No. BBCA083A
6. State what and how incident occurred: Exiting from steps from United Way building, onto side walk and stepped on a covered manhole with no indications of construction, near or around vicinity, I stepped into man hole approximately 3ft on right leg into water. The manhole plate hit my shin as I fell down. I went to Grady hospital for treatment.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: NA
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: NA
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Juan C. Shy 474 Sherwood Oaks Rd. 770-774-1347
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Michael Starr Middleton
Signature of Claimant

Michael Starr Middleton
(Print Claimant's Name)

776 Magnolia Way Apt 208
(Address)

Atlanta, GA 30314
(City, State and Zip Code)

404/616-9996
(Work Number)

404/222-0199
(Home Number)

01-R-0509